<u>IN THE UNITED STATES PATENT AND TRADEMARK OFFICE</u>

Kingsman, et al.

U.S. Serial No.

09/117,071

Filing Date

September 25, 1998

For

CH CENTER OF STREET RETROVIRAL VECTOR AND ITS USE IN GENE THERAP

Examiner

Sumesh Kaushal

Art Unit

1636

745 Fifth Avenue, New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on August 4, 2003.

Thomas J. Kowalski, Reg. No. 32,147

Name of Applicant, Assignee of Registered Representative

Signature

August 4, 2003

Date of Signature

## **COMMUNICATION**

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

In accordance with the enclosed Power of Attorney, it is respectfully requested that all communications in this application be directed to the following new address:

> THOMAS J. KOWALSKI, ESQ. FROMMER LAWRENCE & HAUG LLP 745 FIFTH AVENUE NEW YORK, NEW YORK 10151 TEL 212-588-0800 FAX 212-588-0500

> > Respectfully submitted,

FROMMER LAWRENGE & HAUG LLP

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By:

Thomas J. Kowalski

Reg No 32 147

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74 CL 24-			First Named Inventor	Kingsman et al.	
1			Group Art Unit	1636	
			Examiner Name	Sumesh Kaushal	
1 ' [			Attorney Docket Number	er 674523-2027	
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ער אורי	I hereby appoint:  Thomas J. Kowalski, Reg. No. 32,147  Practitioners at Customer Number  as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.				
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	I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  SIGNATURE of Applicant or Assignee of Record  Name PETER NOLAN				
<b>1</b>					
3	Signature	Mulan			
	Date 29 Tuly 2003				
		Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple if more than one signature is required, see below.			

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